



PERMITTING AND DEVELOPMENT REVIEW DIVISION
FREDERICK COUNTY, MARYLAND

Department of Permits and Inspections

30 North Market Street • Frederick, Maryland 21701

Phone (301) 600-2313 • Fax (301) 600-2309

PLUMBING BACK FLOW DEVICE TEST REPORT

- ☐ Retest
☐ Replace
☐ New Installation

Associated Permit Number: _____

NAME OF PREMISES _____

SERVICE ADDRESS _____

LOCATION OF DEVICE _____

ASSE # Manufacturer Model Size Serial #

LINE PRESSURE AT TIME OF TEST PRESSURE DROP ACROSS FIRST CHECK VALVE
LBS LBS

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE
INITIAL TEST	1. Leaked <input type="checkbox"/>	1. Leaked <input type="checkbox"/>	1. Opened at _____ lbs. reduced pressure
R E P A I R S	2. Closed tight <input type="checkbox"/>	2. Closed tight <input type="checkbox"/>	2. Did not open <input type="checkbox"/>
	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc upper <input type="checkbox"/>
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Disc lower <input type="checkbox"/>
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Spring <input type="checkbox"/>
	Pin retainer <input type="checkbox"/>	Pin retainer <input type="checkbox"/>	Diaphragm, large <input type="checkbox"/>
	Hinge pin <input type="checkbox"/>	Hinge pin <input type="checkbox"/>	Upper <input type="checkbox"/>
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Lower <input type="checkbox"/>
	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Diaphragm, small <input type="checkbox"/>
			Upper <input type="checkbox"/>
			Lower <input type="checkbox"/>
			Space <input type="checkbox"/>
			Other describe <input type="checkbox"/>
FINAL TEST	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ lbs. reduced pressure

Remarks _____

THE ABOVE REPORT IS CERTIFIED TO BE TRUE

Return within Fifteen (15) Days to:

DEPARTMENT OF PERMITS & INSPECTIONS
30 NORTH MARKET STREET
FREDERICK, MARYLAND 21701
PHONE NO. (301) 600-1095

TESTED BY _____

REPAIRED BY OR REPLACED BY _____

FINAL TEST BY _____

CERTIFICATION NO. _____

DATE: _____

SIGNATURE _____

PRINT NAME _____